

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	AM	896	01/25/01
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	Request	925	02-16-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
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Original	
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If more than 150 claims or 10 actions  
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